PRIVATE SCHOOL FORM PUPIL WITHDRAWAL or CHANGE OF ADDRESS

According to ARS 15-802

You are required to notify the county school superintendent if you discontinue private school, or if you move. Use this form to update information on your student's affidavit of intent.

NAME OF CHILD				
DATE OF BIRTH	ADDRESS		CITY	ZIP CODE
TELEPHONE	EMA	AIL ADDRESS		
PARENT NAME (Print)		PARENT'S SIGNAT	URE	
DISCONTINU	JED PRIVATE SCHOOL	YES, effective		(date)
	**CHA	NGES IN INFORMATION **		
OLD ADDRESS		CITY	*	ZIP
NEW ADDRESS		CITY		ZIP
NEW PHONE NO		NEW EMAIL ADDRESS		
NAME OF SCHOOL DISTRIC	T FOR NEW ADDRESS			•

Please Fax (928) 679-8077 or mail to: Robert Kelty, Coconino County Superintendent of Schools, 2384 N. Steves Blvd., Flagstaff, AZ 86004, (928) 679-8070

**If you are new to Coconino County, please register with an official Affidavit of Intent for Private School. Forms can be found online